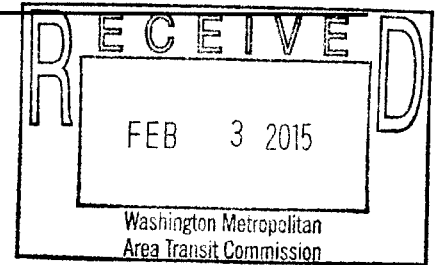


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1229 | Miljen Transportation LLC
*WMATC No. *Name of Carrier (as shown on certificate of authority)
5406 Tilden Road | Bladensburg | MD | 20710-1552
*Street Address of Principal Place of Business Apt./Suite City State Zip
P.O. Box 6361 | Largo | MD | 20792-6361
Mailing Address (if different from street address) Apt./Suite City State Zip
301-792-7002 | 301-499-6800 | 301-779-6811 | MiljenTransportation@
*Telephone Other Telephone Fax E-mail outlook.com

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

01501555 | 3431
USDOT No. DCTC No. Virginia DMV passenger carrier No. Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

MR. Milton Long | PRESIDENT
*Name *Title
301-792-7002 | 301-499-6800 | 301-779-6811 | MiljenTransportation@
*Telephone Other Telephone Fax E-mail outlook.com

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail

Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No Chang

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. if applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
001	2006	GMC	IGDGSV1246F41806D	005P49	MD	28	NO
002	1999	FORD	1FDXE4DF4XHA37068	005P50	MD	16	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

MILTON LONG
*Name (type or print)

PRESIDENT
*Title (not required for sole proprietors)

Milton Long
*Signature

2-3-15
*Date